

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>9-11-03</u>		2 Serial/Patent # <u>09/543 336</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
<u>2252</u>	Extension of Time	<u>9</u>	<u>1/30/03</u>	\$ <u>200</u>						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
7 TOTAL AMOUNT OF REFUND			\$ <u>200</u>							
8 TO BE REFUNDED BY:										
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
Overpayment		Credit Deposit A/C #:								
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
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<input checked="" type="checkbox"/> No Fee Due (Explanation):										
<u>EOT NOT AVAIL</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>D. WOOD</u>		TITLE: <u>SR ATTY</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308 6918</u>								
OFFICE: <u>OP</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>9/15/03</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B



Med-DATA Net™ LLC

PO Box 23 - North Branford CT 06471
Telephone 203 / 288-1588 - Fax 203 / 288-1589 - Email info@meddatanet.com

Examiner Terry Luu
Commissioner of Patent & Trademarks
Special Program Examiner
Art Unit 3626
Washington, DC. 20231
Fax- 703-605-0586

RECEIVED

JUN 26 2003

Application 09/583,336

GROUP 3600

Inventor: William Reeves

Date Filed: 5/31/2000

RE: Your review of my Time Extension Requests.

Dear Ms. Luu,

6/25/03

Based on our numerous recent telephone conversations you indicated to me that it was highly likely that you would be denying my time extension requests and declaring this application abandoned.

Therefore, I have filed a petition to revive this application under 37 1.137 (b).

Since you are denying my time extensions, and since the patent office was paid and cashed two checks for \$200.00 each (\$400.00) total for these time extensions, I would respectfully request either a refund of this \$400.00 made payable to MedDataNet, LLC or a credit being issued to this application 09/583,336 so that these funds may be applied to the issuance fee once this patent is reviewed and approved (which I am confident it will). MedDataNet is a small company with limited resources and every dollar is precious to us for prosecuting our patents. As you know it cost us \$650.00 to file the petition to revive.

I would also point to you that I have a signed letter from the Commissioner's office assuring me that your group would review this case and get back to me no later than 3/27/03. Here it is 6/26/03 and I have gotten no official response from you on this issue.

I look forward to hearing back from you on this issue by either e-mail or fax.

bill@meddatanet.com
fax-203-288-1588

Sincerely,

William Reeves, inventor

Adjustment date: 09/15/2003 AKELLEY
11/25/2002-SHINASSI 00000077 09578664
01 FC:2252 -200.00 OP
09/15/2003 AKELLEY 00000043 09583336
01 FC:2252 200.00 OP

Adjustment date: 09/16/2003 AKELLEY
01/30/2003 ADSSAM1 00000075 09583336
01 FC:2252 200.00 OP

Refund Ref: 09/16/2003 AKELLEY 0000130894
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09/16/2003 AKELLEY 00000014 09583336
1 FC:2252 200.00 OP

Refund date: 09/15/2003 AKELLEY
09/15/2003 AKELLEY 00000043 09583336
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Refund Ref: 09/15/2003 AKELLEY 0000130829
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